

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Committee POLITICAL COMMITTEE FOR JOSEPH L. TURNEY
Address 122 ROBBINS - WILKS RD. BASSEFIELD, MS. 39421
Telephone 601-736-8265 Fax _____
Treasurer MICHELLE TURNEY Email mch111952@yahoo.com

Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
- ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,200.00+\$	\$ 12.00.00	\$ 12.00.00
Total amount of disbursements	\$ 1,186.60+\$	\$ 1186.60	\$ 1,186.60
Total amount of cash on hand		\$ 13.40	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Michelle Turney
Signature of Director or Treasurer

10/6/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 138, Jackson, MS 39205 or fax to 601-369-1489 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee JOSEPH L. TURNEY

Reporting period 7/1/10 through 9/30/10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MICHELLE & STEVEN TURNEY</u>	<u>7/16/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>122 ROBBINS-WILKS RD</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>BASSFIELD MS. 39421</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>RETIRED</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>DANNY BROOKS</u>	<u>7/29/10</u>	\$ <u>100.00</u>
Mailing Address <u>264 STRINGER ROAD</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>COLUMBIA MS. 39429</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>RETIRED HWY. PATROL</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>RETIRED</u>	Aggregate year-to-date	\$ <u>100.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name <u>PAUL CASTON</u>	<u>10/5/10</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. BOX 1742</u>	<u>__/__/__</u>	\$
City, State, Zip Code <u>HATTIESBURG, MS. 39403</u>	<u>__/__/__</u>	\$
Name of Employer (Required) <u>SELF</u>	<u>__/__/__</u>	\$
Occupation (Required) <u>ATTORNEY</u>	Aggregate year-to-date	\$ <u>100.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		
Full name	<u>__/__/__</u>	\$
Mailing Address	<u>__/__/__</u>	\$
City, State, Zip Code	<u>__/__/__</u>	\$
Name of Employer (Required)	<u>__/__/__</u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee JOSEPH L. TURNERY
 Reporting period 7/1/10 through 9/30/10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>CITIZENS BANK</u>		
Mailing Address	<u>716 VA</u>	\$ <u>16.60</u>
<u>814 MAIN ST</u>		
City, State, Zip Code	<u>__1__1__</u>	\$
<u>COLUMBIA MS. 39429</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>16.60</u>
<u>CHECKS FOR ACCOUNT</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JOSEPH TURNERY</u>		
Mailing Address	<u>1015 10</u>	\$ <u>1,170.00</u>
<u>716 MAIN ST</u>		
City, State, Zip Code	<u>__1__1__</u>	\$
<u>COLUMBIA MS. 39429</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1,170.00</u>
<u>REIMBURSEMENT OF CAMPAIGN COST</u>		
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__1__1__</u>	\$
City, State, Zip Code	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__1__1__</u>	\$
City, State, Zip Code	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__1__1__</u>	\$
City, State, Zip Code	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>__1__1__</u>	\$
City, State, Zip Code	<u>__1__1__</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$